

**Town of Woodbury, Vermont**  
**APPLICATION FOR HIGHWAY ROAD CREW POSITION - CDL EMPLOYMENT**  
*(An Equal Opportunity Employer)*

Position Applied For: Road Foreman  Road Crew Member  Application Date: \_\_\_\_\_  
 (Please check one of the boxes)

Applicant Name: \_\_\_\_\_  
Last First Middle

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip code

If less than 3 years,  
 Previous Address: \_\_\_\_\_  
Street City State Zip code

**EQUIPMENT EXPERIENCE**

Dump Truck <input type="checkbox"/> No <input type="checkbox"/> Yes #of Years _____	Plowing <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Sanding/Salt <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Grader <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Excavator <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Backhoe <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Loader <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Tractor/Mowing <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
_____ <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	_____ <input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
<i>Other</i>	<i>Other</i>

**DRIVER EXPERIENCE**

CDL License: \_\_\_\_\_  

State	Number	Expiration Date
Class 'A' <input type="checkbox"/> Yes # of Years _____ <input type="checkbox"/> No	Class 'B' <input type="checkbox"/> Yes # of Years _____ <input type="checkbox"/> No	
Class 'C' <input type="checkbox"/> Yes # of Years _____ <input type="checkbox"/> No		

 List of Endorsements: \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT HISTORY**

Date of Accident	Nature of Accident	Injuries or Fatalities Related to Accident

**MOTOR VEHICLE VIOLATIONS** – OTHER THAN A PARKING VIOLATION

Date of Conviction	Offense (be specific)

Has your license (motor vehicle or CDL) ever been suspended, revoked, or denied?  Yes  No  
 If yes, explain the details (including specific violation, timeframe, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY** – LIST YOUR LAST THREE (3) EMPLOYERS

<b>EMPLOYER NAME:</b> _____  ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

<b>EMPLOYER NAME:</b> _____  ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

<b>EMPLOYER NAME:</b> _____ ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

Have you ever held a position that required DOT alcohol and/or drug testing?  Yes  No  
 If yes, which job? \_\_\_\_\_

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special job-related skills and qualifications you have acquired from previous employment or other experience, including heavy equipment, mechanical, carpentry, computer skills, and any job-related training received in the United States military.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any special classes or training you have received (such as VT Local Roads classes, flagging class, certifications, firefighting, or EMT training, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

**SUPERVISORY EXPERIENCE** – Do you have experience as a:

Lead Crew Member?  No  Yes # of Years \_\_\_\_\_ Supervisor?  No  Yes # of Years \_\_\_\_\_

If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
Trade, Business or Other School				
College				

